

To: All CPSB Retirees

From: CPSB Risk Management/Health Insurance

Our annual enrollment for Calcasieu Parish School Board Group Benefit Plans is happening **March 27 – April 26**. This is the time of year you may change your plan option and/or add/drop your spouse/dependents. If you or your spouse become eligible anytime throughout the year for Medicare or have any changes to your Medicare coverage, please notify the Health Insurance Department at 337-217-4240, option 7.

Members of the Calcasieu Parish School Board voted to absorb the 4.8% Group Health Premium increase for the Regular Blue Cross Blue Shield of LA Health Plan for Active Staff and Retirees for the 2024-2025 Plan Year (May 1, 2024 – April 30, 2025). Please note, Medicare Blue Advantage is not included due to plan year for Blue Advantage begins January 2025. The renewal information for CPSB's Blue Advantage plan is currently unavailable and will be released Fall 2024.

To participate in CPSB's Group Medicare Blue Advantage Plan, you and/or your spouse/dependent child(ren) must be covered under Medicare Parts A & B. We encourage eligible members to revisit the potential savings for enrolling in the Medicare Advantage Plan. For example, a retiree with single coverage in the high option plan will save \$130.04 per month through 12/31/24. A retiree and spouse will save \$271.06 per month through 12/31/24. **These numbers are based on fully vested members.*

Attached you will find the Calcasieu Parish School Board plan schedule of benefits and costs. This guide (printed front & back) includes benefit costs, summaries, wellness program information, etc. The Health Insurance Department staff are available to assist with any questions you may have during this enrollment period. We are located on the 2nd floor at 3310 Broad Street (Central Office) in Lake Charles. Our office hours are M-F: 8 a.m. – 4:30 p.m., closed for lunch 12-12:45 p.m. NOTE – We are closed for Spring Break March 29 – April 5, 2024.

PLEASE NOTE – If you are not making changes to your health benefits or life insurance beneficiaries, no action is required.

CALCASIEU PARISH SCHOOL BOARD
RETIREE COMMUNICATION

ANNUAL ENROLLMENT MARCH 27, 2024 – APRIL 26, 2024

The Calcasieu Parish School Board Employee Benefits Committee approved renewing the regular group health insurance with Blue Cross Blue Shield of Louisiana effective May 1, 2024, through April 30, 2025. The Calcasieu Parish School Board has voted to absorb the 4.8% Health Premium Increase with \$0 cost to staff. In short, the retiree's premiums are not changing for the regular Blue Cross Blue Shield plan. **PLEASE NOTE – THIS IS A PASSIVE ENROLLMENT FOR RETIREES. IF YOU ARE NOT MAKING ANY CHANGES TO YOUR HEALTH BENEFITS OR LIFE INSURANCE BENEFICIARIES, NO ACTION IS REQUIRED.**

1. Health Insurance-During this time, you may change your plan option, add/drop your spouse and/or dependents or exit the plan by reporting to or calling the Health Insurance Department, 3310 Broad Street, Lake Charles, LA (located at Central Office) to sign the proper documentation. *Annual enrollment is the only time you are allowed to change your plan option.
2. Group Medicare Blue Advantage Plan- The renewal information for January 1, 2025, is currently unavailable and will be released Fall 2024.
3. Preventive Care Incentive- If you are enrolled in the group health insurance you may qualify for a 5% discount on the employee (NOT DEPENDENT) portion of the premium. Please note the required point total is 8 for this year (5/1/23 – 4/30/24). See attached information.
4. Basic/Optional Life Insurance – Trustmark's renewal reflects \$0 change for May 1, 2024 – April 30, 2025. Please make sure to notify our office of any beneficiary changes.
5. If you or your spouse become eligible this year or have Medicare and have not notified the health insurance department, please provide a copy of your Medicare card to our office at 3310 Broad Street or mail to Calcasieu Parish School Board, Attn: Health Insurance, P.O. Box 800, Lake Charles, La. 70602. If you or your spouse have Medicare Part A&B you may qualify for a reduction in your health insurance premium. You or your spouse have the opportunity to enroll in Group Medicare Blue Advantage within 60 days of Medicare eligibility or during this annual enrollment period.
6. The premiums listed on the bottom of the option forms are for retirees and dependents with a January 1, 2004 effective date of coverage or with at least 20 years participation in the plan prior to retirement. Retirees who are not in this group may call the insurance office for their premium.
7. Divorce: You must visit the health insurance office within 30 days of the date of your divorce with a copy of your Divorce Decree to take your ex-spouse off your policy(s). They are no longer eligible for coverage as of the last day of the month your divorce is granted.
8. Please visit our website at www.cpsb.org / Depts / Health Insurance / Benefits which provides CPSB benefit information.

PLEASE CALL THE HEALTH INSURANCE DEPARTMENT AT 337-217-4240,
IF YOU ARE INTERESTED IN MAKING CHANGES TO YOUR BENEFITS
OUTSIDE OF THE ANNUAL ENROLLMENT PERIOD AS SOME EXCEPTIONS MAY APPLY.

CALCASIEU PARISH SCHOOL BOARD - MEDICARE BLUE ADVANTAGE (PPO)

Plan Features	PPO	Non-PPO
Medical Out-of-Pocket Maximum	\$1,000	\$1,000
Deductible	\$0	\$0
Inpatient Hospital	\$0 Co-Pay	\$0 Co-Pay
Inpatient Services for Mental Health/Substance Abuse	\$0 Co-Pay	\$0 Co-Pay
Skilled Nursing Facility	\$0 Co-Pay	\$0 Co-Pay
Home Health Care	\$0 Co-Pay	\$0 Co-Pay
Urgent Care	\$0 Co-Pay	\$0 Co-Pay
Emergency Room <i>*copay waived if admitted within 72 hours</i>	\$50 Co-Pay	\$50 Co-Pay
Outpatient Surgery	\$0 Co-Pay	\$0 Co-Pay
Outpatient Hospital Services & Procedures	\$0 Co-Pay	\$0 Co-Pay
Partial Hospitalization	\$0 Co-Pay	\$0 Co-Pay
Blood	\$0 Co-Pay	\$0 Co-Pay
PCP Visits (Includes Routine Physical Exam)	\$0 Co-Pay	\$0 Co-Pay
Specialist Visits	\$0 Co-Pay	\$0 Co-Pay
Mental Health/Psychiatric and Substance Abuse (Outpatient)	\$0 Co-Pay	\$0 Co-Pay
Podiatry	\$0 Co-Pay	\$0 Co-Pay
Diagnostic Lab Tests	\$0 Co-Pay	\$0 Co-Pay
Radiology (diagnostic)	\$0 Co-Pay	\$0 Co-Pay
Radiology (therapeutic)	\$0 Co-Pay	\$0 Co-Pay
X-Rays	\$0 Co-Pay	\$0 Co-Pay
PT/OT/SP Therapy	\$0 Co-Pay	\$0 Co-Pay
Cardiac Rehab/CORF	\$0 Co-Pay	\$0 Co-Pay
Dialysis Treatment/ESRD	\$0 Co-Pay	\$0 Co-Pay
Part B Covered Drugs	\$0 Co-Pay	\$0 Co-Pay
Chemotherapy Drugs	\$0 Co-Pay	\$0 Co-Pay
DME & Prosthetics & Diabetes Supplies	\$0 Co-Pay	\$0 Co-Pay
Ambulance	\$0 Co-Pay per trip	\$0 Co-Pay per trip

BLUE ADVANTAGE – RATES W/ MAX BOARD CONTRIBUTION

Coverage Level	Monthly	
	Through 12/31/24	Effective 1/1/25
Active/Retiree w/ Medicare A & B	\$105.26	Available Fall 2024
Active/Retiree + Spouse w/ Medicare A & B	\$243.76	Available Fall 2024
Active/Retiree Spouse Only w/ Medicare A & B	\$138.50	Available Fall 2024

BLUE ADVANTAGE PART D DRUG COVERAGE (5-tier Formulary)	
Rx Deductible	\$0
Preferred Retail Co-Pay	30 days: \$0 / \$12 / \$45 / \$100 / \$100 60 days: \$0 / \$24 / \$90 / \$200 / N/A 90 days: \$0 / \$0 / \$135 / \$300 / N/A Specialty drugs limited to 30-day supply
Preferred Mail Order	30 days: \$0 / \$12 / \$45 / \$100 / \$100 60 days: \$0 / \$24 / \$90 / \$200 / N/A 90 days: \$0 / \$0 / \$135 / \$300 / N/A Specialty drugs limited to 30-day supply
Non-Preferred Retail Copay	30 days: \$10 / \$18 / \$47 / \$100 / \$100 60 days: \$20 / \$36 / \$94 / \$200 / N/A 90 days: \$30 / \$54 / \$141 / \$300 / N/A Specialty drugs limited to 30-day supply
Non-Preferred Mail Order	N/A
Gap Coverage	Full gap coverage for all tiers
MOOP	After your maximum out-of-pocket drug costs reach \$2,500, the plan will pay 100% of your total drug costs.

BLUE ADVANTAGE SUPPLEMENTAL BENEFITS	
Your Blue Advantage plan comes with our NEW Flex Card, making it easier than ever to use your benefits.	\$1800 Mastercard Flex Card to pay for out-of-pocket costs, including: <ul style="list-style-type: none"> • \$1,100 for prescription hearing aids • \$300 to pay for eyewear like eyeglasses and contact lenses • \$400 for over-the-counter supplies that you can purchase at major retailers or online
Your plan also offers	100% coverage for Medicare-covered preventive and wellness care, \$0 deductible for in-network medical services, Specialist visits without a referral, Access a nationwide doctor and hospital network that covers 100 million Americans (BlueCard Program), Dental benefits including two dental cleanings and two exams per year covered from your first dollar of expense – no deductible, Hearing benefits.
Online Primary Care	Use BlueCare to see a primary care provider 24/7 with a \$0 copay through any computer, tablet or smartphone with internet and a camera.
Member Wellness Rewards	Get up to \$50 per year in gift cards from major retailers for completing approved wellness exams and/or screenings.
Fitness Program	No-cost fitness center membership (including many YMCA locations and select premium clubs or home fitness kits).
4-hour Nurse Help Line	Get help making the right choice in your health care based on your symptoms any time of the day or night.

CALCASIEU PARISH SCHOOL BOARD - HIGH OPTION – 5/1/24 – 4/30/25

Plan Features	PPO		Non-PPO
Deductible			
-Individual	\$1,250		\$2,500
-Family	\$3,750		\$7,500
Annual Out-of-Pocket Maximum**			
-Individual	\$4,000		\$8,000
-Family	\$12,000		\$24,000
Doctor Office Visits	\$30 Co-Pay (Primary Care)	\$45 Co-Pay (Specialist)	55% After Deductible
In-Patient/Out-Patient Benefits	85% After Deductible		55% After Deductible
Prescription Drugs (w/ separate deductible)	\$100 deductible, then: \$10 Value Drug (Tier 1) \$30 Preferred Brand (Tier 2) \$50 Non-Preferred Brand (Tier 3) \$100 Specialty Drug/Injectable (Tier 4)		
<ul style="list-style-type: none"> Express Scripts Network 			
Prescription Drug Mail Order (90-day Supply)	\$100 deductible, then: \$30 Value Drug (Tier 1) \$90 Preferred Brand (Tier 2) \$150 Non-Preferred Brand (Tier 3) N/A Specialty Drug/Injectable (Tier 4)		
<ul style="list-style-type: none"> Forms available in the Health Insurance Department and at the Blue Cross Office. 90-day supply available only by mail order 			

** Aggregate Out of Pocket – The medical and prescription deductibles and co-pays apply towards your out-of-pocket limit.

PREMIUMS – RETIRED WITH MAXIMUM BOARD CONTRIBUTION

Please call Health Insurance for premium costs if you do not have 20+ years of coverage or you are not Grandfathered.

Coverage Level	Monthly
Retiree	\$360.13
Retiree + Spouse	\$809.82
Retiree + Child(ren)	\$585.69
Family	\$1,035.42
*Retiree w/Medicare A & B	\$235.30
*Retiree & Spouse w/Med A & B	\$514.82

CALCASIEU PARISH SCHOOL BOARD - LOW OPTION – 5/1/24 – 4/30/25

Plan Features	PPO	Non-PPO
Deductible		
-Individual	\$3,000	\$3,000
-Family	\$6,000	\$6,000
Annual Out-of-Pocket Maximum**		
-Individual	\$5,000	\$5,000
-Family	\$10,000	\$10,000
In-Patient/Out-Patient Benefits	100% After Deductible	80% After Deductible
Prescription Drugs	100% Generic 80% Name Brand After Deductible	100% Generic 80% Name Brand After Deductible

** Aggregate Out of Pocket – The medical and prescription deductibles and co-pays apply towards your out-of-pocket limit.

PREMIUMS – RETIRED WITH MAXIMUM BOARD CONTRIBUTION

Please call Health Insurance for premium costs if you do not have 20+ years of coverage or you are not Grandfathered.

Coverage Level	Monthly
Retiree Only	\$180.08
Retiree + Spouse	\$404.89
Retiree + Child(ren)	\$292.86
Family	\$517.70
*Retiree w/Medicare A & B	\$117.65
*Retire + Spouse w/Med A & B	\$257.40

CALCASIEU PARISH SCHOOL BOARD - PPACA OPTION – 5/1/24 – 4/30/25

Plan Features	PPO	Non-PPO
Deductible		
-Individual	\$5,000	\$10,000
-Family**	\$9,000	\$18,000
Annual Out-of-Pocket Maximum**		
-Individual	\$5,000	\$10,000
-Family**	\$9,000	\$18,000
In-Patient/Out-Patient Benefits	100% After Deductible	80% After Deductible
Prescription Drugs	100% Generic 80% Name Brand After Deductible	100% Generic 80% Name Brand After Deductible

** Family coverage includes the employee and any dependents. Deductible – Individual members on family policy cannot contribute more than \$6850 to family deductible and/or out of pocket max. Aggregate Out of Pocket – The medical and prescription deductibles and co-pays apply towards your out-of-pocket limit.

PREMIUMS – RETIRED WITH MAXIMUM BOARD CONTRIBUTION

Please call Health Insurance for premium costs if you do not have 20+ years of coverage or you are not Grandfathered.

Premium reduction for Employee Only coverage due to Affordable Care Act Law

Coverage Level	Monthly
Retiree Only	\$101.94*
*Family	\$471.63
Retiree w/Medicare A & B	\$101.94*
Retiree & Spouse w/Med A & B	\$471.63

CPSB Employee/Retiree WELLNESS PROGRAM

05/01/2024 – 04/30/2025

Eligibility requirements: (check one)

_____ Full-Time CPSB employee, enrolled in CPSB Health Insurance Plan

_____ Retiree, enrolled in CPSB Health Insurance Plan

Name: _____

Address: _____

Phone: _____ DOB: _____

Email: _____ Campus/Site: _____

Participants earning a total of **8 points** by completing any combination of the services listed below will receive a 5% discount off the employee/retiree (not dependent or spouse) portion of the health insurance premium for the following plan year. Points must be earned during the program year and all documentation must be submitted by April 30, 2025. Members may email wellness information to wellness@cpsb.org.

- | | |
|---|-----------|
| ❖ Perform blood work at CPSB’s Wellness Fair (+) or with primary care physician | 3 pts |
| ❖ Mammogram or Prostate Exam (#) | 2 pts |
| ❖ Colonoscopy (#) | 2 pts |
| ❖ Participate in ANY 5K fun run, walk, marathon, etc. (May only use once – Active & Retiree) | 2 pts |
| ○ Submit your event registration confirmation to wellness@cpsb.org | |
| ❖ Take flu, shingles, covid, or pneumonia shot (#) | 1 pt each |
| ❖ Participate in the scavenger hunt at the CPSB Wellness Fair (+) | 1 pt |
| ❖ Attend any of CHRISTUS/Ochsner health-related informational seminars (+) | 1 pt each |
| ❖ Annual wellness exam/physical (#) | 1 pt |
| ❖ Annual eye exam (#) | 1 pt |
| ❖ Annual dental check-up (#) | 1 pt |
| ❖ Solutions EAP seminar (+) | 1 pt |

(+) Participant does NOT need to turn in documentation for these points.

(#) Physician completes CPSB Wellness Program Verification Form, or you may submit your EOB to wellness@cpsb.org.

I, the undersigned employee/retiree, hereby agree to enroll in the CPSB Preventative Care Incentive Program. This voluntary program is being offered as a benefit to full time employees and retirees who are currently enrolled in the CPSB Group Health Insurance Plan. To qualify for incentives, the participant must complete the requirements during the program year. The Risk Management Department will track point totals and requirements.

Print Employee/Retiree Name

Date of Completion

Employee/Retiree Signature

Risk Management Approval

CPSB EMPLOYEE/RETIREE WELLNESS PREVENTIVE CARE INCENTIVE

FREQUENTLY ASKED QUESTIONS

Q. What is a FULL TIME CPSB Employee?

A. An employee who is paid on the last working day of the month, an employee **eligible for** (not enrolled in) employee benefits (i.e. Health insurance, life insurance, etc.)

Q. Do I have to be enrolled in CPSB health insurance plan?

A. Retiree – YES Active - YES

Q. How do I enroll in the Preventive Care Incentive Program?

A. Complete the Preventive Incentive Program Enrollment Form. Forms are available online at www.cpsb.org - under Risk Management Department – Health Insurance/Benefits – Wellness. You may submit by emailing wellness@cpsb.org, fax 217-4241, inter-office mail or come by Risk Management Department (RM).

Q. What is the Preventive care incentive?

A. If you complete all requirements, you will receive 5% off the **EMPLOYEE/RETIREE** (not dependent) portion of health insurance premium at our May 1, 2025 renewal.

Q. Can I get a discount on my spouse/dependent if they complete both requirements?

A. No. Spouse/dependents are not eligible to participate in this program.

Q. If I miss the CPSB Health & Wellness Fair, can I still participate in this program?

A. Yes.

Q. Do I need to submit any documentation for my biometric screenings?

A1. Complete Biometric Screening at CPSB Health & Wellness Fair: NO. CHRISTUS OCHSNER will provide CPSB a list. CPSB will NOT receive any results of the screenings.

A2. Complete Biometric Screening at my doctor's office: YES. You will submit the CPSB Wellness Program Verification of Services form signed by your doctor to RM Department, or you may email a copy of EOB or receipt showing services rendered to wellness@cpsb.org. We are only accepting screenings dated 5/1/24 – 4/30/25.

Q. Does the 5% off discount apply to all Health Insurance Plan options?

A. Yes. It will be 5% off of EMPLOYEE/RETIREE (not dependent) portion of the May 1, 2024 renewal premium for all plans. (See below for dollar amounts per plan)

Q. How can I verify my accumulated points?

A. Contact Risk Management @ 217-4240 ext. 3008 or email wellness@cpsb.org.

Q. How do I get credit for services performed by my doctor?

A. You will need to submit the CPSB Wellness Program Verification of Services form signed by your doctor to RM department, or you may email a copy of EOB or receipt showing services rendered to wellness@cpsb.org.

Q. When are the employee health related informational seminars?

A. CPSB will post the dates/times/locations of each session on www.cpsb.org under Risk Management Department – Health Insurance/Benefits - Wellness.

Example: Based on the May 1, 2024 renewal, the discount (regardless number of dependents) would be:

NOTE: This is only an example. Discounts will be recalculated at the May 1, 2025 renewal.

Employee/Retiree High Plan (\$360.13 x 5%) = \$18.01

Retiree High Plan w/Medicare A & B (\$235.30 x 5%) = \$11.77

Employee/Retiree Low Plan (\$180.08 x 5%) = \$9.00

Retiree Low Plan w/Medicare A & B (\$117.65 x 5%) = \$5.88

Employee/Retiree PPACA Plan (\$101.94 x 5%) = \$ 5.10

Retiree Medicare Advantage (\$105.26 x 5%) = \$5.26 EXPIRES 12/31/24

Retiree Medicare Advantage (Available Fall 2024) AS OF 1/01/25

VERIFICATION OF SERVICES FORM

One form per date of service

SECTION 1: PATIENT INFORMATION (PATIENT- Please print)

First Name		Middle Initial		Last Name			
Street Address			City		State	Zip Code	
() -		Age:	<input type="checkbox"/>	<input type="checkbox"/>	Date of Birth:		
Primary Phone Number			Male	Female	Month	Day	Year
<p>Patient Disclosure Statement: I understand that verification data will be submitted to CPSB's Wellness Program in the Risk Management Department for incentive purposes. All information will remain confidential and will be protected as required by law under the Health Insurance Portability and Accountability Act (HIPAA). I am voluntarily participating in CPSB's Wellness Program.</p>							
Patient Signature					Date		
To receive credit, services must be completed between May 1, 2024, and April 30, 2025.							

SECTION 2: SERVICES RENDERED

*****Verification of Services*****

The patient named above was seen in my office on _____ for the following service(s) (please check:)

<input type="checkbox"/> Flu shot/vaccine	<input type="checkbox"/> Annual Blood Work	<input type="checkbox"/> Prostate Exam
<input type="checkbox"/> Shingles or Covid shot/vaccine	<input type="checkbox"/> Wellness / Physical Exam	<input type="checkbox"/> Colonoscopy
<input type="checkbox"/> Pneumonia shot/vaccine	<input type="checkbox"/> Mammogram	<input type="checkbox"/> Eye Exam / Dental Exam (circle one)

SECTION 3: PHYSICIAN INFORMATION

Provider's Name _____ Phone Number: () - _____		
(Please Print)	First	Last
Street Address		City
		State
		Zip Code
PHYSICIAN'S SIGNATURE (req'd)		DATE